

Statement by Supervisor Jan Brewer

Task Force on Improving the Arizona Mental Health System

September 21, 1999

Mr. Chairman, once again let me begin by thanking you for allowing me the opportunity to testify before this Task Force. It is clear to me that everyone on this committee is actively participating and volunteering their time towards the common cause of assisting Arizona's mentally ill.

Before I begin today's presentation regarding the role of Maricopa County in providing services to the mentally ill, let me respond to Senator Grace's comments of two weeks ago and reiterate my previous testimony.

- Maricopa County conveyed 160 acres of land back in 1885 to the Territory of Arizona for the sole purpose of maintaining a hospital for the mentally ill. It is our belief that a failure to maintain a facility for the mentally ill at this site is a breach of the trusts' conveyance.
- This is not to say that the County is ready to take back control of the State Hospital. However, we do feel that continued neglect by the State to provide and accommodate housing for the mentally ill

can ultimately lead to serious problems for all involved: the families, Maricopa County, and the State.

- In addition, we believe the State Hospital was never intended to be used as a prison. The fact is, the increasing presence of the Department of Corrections at this site is a perfect example of breaching the trust. We hope the State would vigorously pursue options to move DOC away from the State Hospital grounds – thus freeing up desperately needed space.

Introduction: Maricopa County – Helping find a Solution

When I was first elected to represent Maricopa County, I didn't know a whole lot about the County's role in dealing with the mentally ill. I knew of the Arnold vs. Sarn case, and I knew that the jail was full of seriously mentally ill individuals. But I didn't know what services we provided or how we dealt with these detainees.

Today, I have a much better understanding of the County's role, and I've broken it down into 3 basic components:

- 1) Our role as a defendant in the Arnold vs. Sarn case,
- 2) Our criminal justice system.
- 3) Our role outside of criminal justice with the Probate Court and Public Fiduciary helping to determine whether an individual should be civilly committed.

Arnold vs. Sarn

With regards to Arnold vs. Sarn, this Task Force is probably already familiar with the obligations of Maricopa County, so I'll briefly discuss this area. As a defendant in this case, our County has a legal obligation to help provide services for seriously mentally ill individuals.

We are also stipulated to provide financial support, and to utilize our best efforts in developing programs to review the appropriateness of jail admissions and divert class members from inappropriate incarceration.

Through an Intergovernmental Agreement with ADHS, Maricopa County is required to transfer behavioral health funds and responsibility for services to persons with serious mental illness. We paid \$23,963,397 towards that cause last year. The IGA also establishes the funding mechanism by which we transfer funding for non-SMI, general mental health and substance abuse to ADHS at a basic cost of \$4,856,576. Thus our total Arnold vs. Sarn obligation last year totalled \$28,819,973.

Criminal Justice

The second area of responsibility for Maricopa County is within our huge Criminal Justice system that includes adult and juvenile detainees. This includes: pretrial service for the seriously mentally ill, correctional health service in the jail, and post trial service.

Unfortunately, we are finding that due to a lack of adequate community treatment and hospital or housing alternatives, mentally ill individuals frequently default to treatment or institutionalization in the County's criminal justice system.

Adult Jail :

At any given time, there are 150 seriously mentally ill individuals identified by Value Options in the Maricopa County jails. We believe there is actually a significantly higher number of seriously mentally ill individuals that are in our jail but not identified by Value Options. In FY 99, there were 1,348 identified SMI's arrested, approximately 1/3 of which have a diagnosis of schizophrenia. And we provide psychiatric services to adults at two licensed inpatient units with an annual expenditure last year of **\$1.9 million**.

(don't read) *[psychiatrists = \$367,795, psychologist = \$32,688
 counselors = \$495,996, nursing = \$748,154
 pharmaceuticals = \$255,367]*

The first unit, Durango, is a 92 bed Inpatient Psychiatric Unit which houses acute females and provides services to stabilize them. It also

provides longer term care for both male and female chronic, more stable, patients.

In FY 98/99 – there were 636 admissions into Durango, with an average daily census of 41.23. *(not used to capacity as double bunking is limited as a matter of policy – 92 beds)*

Our second Psychiatric Unit is the Madison Inpatient Unit, a 120 bed facility which houses acute male patients.

In FY 98/99 – there were 1,234 admissions into Madison with an average daily census of 49. *(Again, double bunking is used on limited basis as a matter of policy)*

Both Durango and Madison prepare a large number of mental health petitions to commit people to treatment at our County Psych Annex, rather than release them into the community because of dangerous behavior. You may be interested to note that only 5 percent of those in these Psych units have a diagnosis of primary substance abuse.

The County's Correctional Health Service also provides: less intense service to chronic mentally ill patients, general counseling to inmates that need crisis intervention, and referral services upon discharge. Psychiatric staff also monitor stability in the mentally ill who are released from inpatient units. These services cost the County some \$633,443.

Pre trial:

In addition to serving those individuals in our correctional health system within the jail, our court system is responsible for evaluating competency to stand trial.

When an individual is charged with a crime, be it for a misdemeanor or a major felony, they have the right to be competent at the time of trial. The court decides whether a defendant would be best restored to competency in the community or at ASH.

Last year, 150 restorations were ordered. Of those defendants, 137 were charged with felonies, and only 13 with misdemeanors. The Court ordered 144 of those to ASH to attempt restoration, and the remaining 6 were referred to outpatient. The success with outpatient restoration is variable, as the incentive for the defendant to get better and then go to trial is minimal. Of the 144 admitted to ASH, only 3 were then readmitted for continued treatment. The total cost to Maricopa County last year for all competency evaluations equalled \$641,821.

It is important to note that for every one patient sent to ASH to restore competence, two patients are diverted out of our Criminal Justice system/Jail through civil commitment. Approximately, 25 SMI patients are 'diverted' from the system every month. The County

spends \$596,806 on Transitional Living Centers to accommodate these civil commitments.

Post Trial

After the trial, the Criminal Justice System is then burdened with the responsibility for providing mental health services again. Our Adult Probation Department currently supervises 450 probationers diagnosed with a serious mental illness, with an additional 20 probationers on a waiting list. The local Regional Behavioral Health Authority only provides case management services to approximately half of these clients.

Many, if not most of the 450 probationers have co-occurring disorders of substance abuse and mental illness. Subsequently, they are too often deemed ineligible for SMI services under the guise that their symptoms are substance induced. This happens even when evidence exists to the contrary. Adult Probation officers will routinely provide extensive documentation of mental illness only to be told documentation is not necessary.

Thus, County Probation officers assigned to these caseloads are – by default – serving in the capacity of RBHA case managers, and less attention is ultimately provided to other populations. These populations include, but are not limited to sex offender treatment, substance abuse treatment and domestic violence programs.

The costs associated for such Probation case management (most of which is picked up by the Administrative Office of the Supreme Court) totalled \$1,350,925 in FY 98/99. Remember, however that this figure does not include costs for incarceration due to decompensation! The costs to the County in time and resources has yet to be calculated. Given this situation, ultimately, Maricopa County is forced to utilize our jail as a treatment center due simply to an inability to access SMI services in the community.

Let me also take a quick moment to also mention that Maricopa County has been aggressive in diverting offenders determined to be SMI by the RBHA from jail. We currently fund our own crisis stabilization unit known as our Transitional Living Center to stabilize some of our SMI's. Also, the City of Phoenix has a diversion program which serves an average of 25 people a month. Add to that another 38 clients a year being diverted out through our Federal GAINS grant and you see that Maricopa County is doing more for outpatient restoration programs than any other county in the state.

Juvenile

As you can see, the Adult costs are mounting up and we haven't even discussed our Juveniles in the criminal justice system.

At a cost of \$172,950, Maricopa County conducted approximately 575 mental competency exams on juveniles, 105 of which were sent to restoration treatment. After these pretrial exams, our Durango and

Mesa Juvenile Detention Centers provide psychiatric care to juveniles at a cost of \$78,000. Finally, our Juvenile Probation Department supervises the juvenile population with 12 positions at a cost of \$523,741.

When it comes to serving the juveniles, it is our experience that juveniles who suffer from mental illness spend about 4 times as long in detention and require significantly more service before disposition of their petition for delinquency. This represents a further additional cost to the County of \$ 903,000, and a total cost for Juvenile service of \$1,426,741.

Civil

The County's third area of responsibility is the process of Probate Court and Public Fiduciary to help determine whether an individual should be civilly committed.

We discussed the pretrial process for mentally ill detainees that may be restorable to competency. What about those detainees which the Court determines are not competent and cannot be restored to competency? For these individuals, the charges MUST be dismissed. At that point, the defendant can either be civilly committed or released back to the community. Of course, the County is also responsible for other civil commitments outside the criminal justice process as well.

There are four judicial officers that hear mental health matters and sign mental health orders. The cost of their services and that of support staff is \$103,512 per year.

The Maricopa County Public Fiduciary has provided guardianship and/or conservatorship services for 348 persons with a mental health diagnosis in the last year. These required services include mental health treatment decisions, medical decisions, placement issues and decisions, advocacy on behalf of the client, client visitation, coordination of services and the management of their benefits and financial affairs. The average annual cost to the Public Fiduciary's budget is \$1,004,676.

Summarize County roles

To summarize the major areas of responsibility for Maricopa County:

- 1) We're paying \$28 million as part of the Arnold vs. Sarn legal obligation to provide mental health care.
- 2) Criminal Justice, which includes
 - Providing psychiatric treatment in our jail and juvenile detention centers.
 - Evaluation of competency.
 - Probation service.

3) Duties to help determine civil commitment within our Probate Court and Public Fiduciary.

Hospital

There are also non-legal costs incurred by the County which should be mentioned. The cost of the psych unit at the Maricopa Medical Center is \$13.2 million per year. We receive a reimbursement of \$11.7 million leaving a shortfall of about \$1.5 million a year for the hospital.

Conclusion

The final message I want to leave with you today, is that there is a clear lack of interface between criminal justice and the behavioral health system. As you can see by the number of Severely Mentally Ill individuals that are ending up in our criminal justice system, community services are not adequately addressing the problem. And as I mentioned before, far too many are falling through the cracks after leaving our criminal justice system.

In my mind, the responsibility for case management of severely mentally ill patients, is with the RBHA, and not the Jail. The RBHA's case managers know the patients better than we do, and should be doing more to assist them. This is especially true after the patient is out of our criminal justice system and put on probation.

Ultimately, I believe the County is doing a good job of providing service. Yet without an inter-connected, cooperative effort between

the State, the Arizona State Hospital, the Regional Behavioral Health Authority, and the County; our system of providing mental health care will fail

Example: Andrew Frisk